

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JEFF MUELLER

Mailing Address 9121 E PALM TREE DR

City State Zip Code
 SCOTTSDALE AZ 85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAYO CLINIC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56870

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CRAIG MUETTERTIES

Mailing Address 128 DEERFIELD CT

City State Zip Code
 GLEN MILLS PA 19342

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAVERFORD ANES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56519

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JOEL MUMFORD

Mailing Address 221 ELM HILL RD

City State Zip Code
 SPRINGFIELD VT 05156

FEC ID number of contributing
federal political committee.

C

Name of Employer
VA HOSPITAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55726

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)